

# KENTUCKY BOARD OF LICENSED PROFESSIONAL COUNSELORS

PO BOX 1360

FRANKFORT KY 40602

<http://occupations.ky.gov>

## RENEWAL APPLICATION

Your Professional Clinical Counselor License expires on October 31, 2004. In accordance with KRS 335.535 and regulations (201 KAR 36:020) governing this profession, you are required to renew your license every year with the transmittal of this form and a renewal fee of \$150.00 (check or money order), made payable to the **Kentucky State Treasurer**. Please return this completed form with the fee to the address above prior to the deadline date of October 31, 2004. The fee for renewals received during the 60 day grace period is \$175.00. Credentials not renewed prior to December 31, 2004 will be terminated and you must immediately **CEASE AND DESIST** (no exceptions) the use of the title Licensed Professional Clinical Counselor in Kentucky.

**PLEASE COMPLETE THE FOLLOWING:** (Complete # 1 only if your mailing address is different from above)

1. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip
2. \_\_\_\_\_  
Present Place of Employment  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip
3. ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home telephone # Business telephone # E-mail address
4. «SSN» \_\_\_\_\_  
Social Security Number
5. Have you been convicted of a felony since your last application or renewal? "Conviction" including all instances in which a plea of no contest is the basis of the conviction. ( ) No ( ) Yes  
If yes, list offense and provide details on a separate sheet of paper.
6. Have you been subject to disciplinary action by a mental health credentialing board? ( ) No ( ) Yes  
If yes, give details on a separate sheet of paper.
7. List any state in which you have become licensed or certified since your last renewal, the type of license or certification, and the number of the certification or license: \_\_\_\_\_

### AFFIDAVIT

I do certify under penalty of law that the information contained herein is true, correct and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my credential could be subject to disciplinary action by the Board of Licensed Professional Counselors.

I have completed \_\_\_\_\_ hours of continuing education in the past year (201 KAR 36:030). I realize that, at the Board's request, I may be asked to submit information that supports this statement.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Sign your name – Do not print or type)